

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HAWAII REPUBLICAN PARTY

ADDRESS (number and street)

725 KAPIOLANI BLVD

STE 105

HONOLULU

HI

96813

Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00085506

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

09

01

2016

09

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

SMART, MARY, G, ,

Type or Print Name of Treasurer

Signature of Treasurer

SMART, MARY, G, ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

10

13

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

HAWAII REPUBLICAN PARTY

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2016 To: M M / D D / Y Y Y Y 09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2016		50981.53
(b) Cash on Hand at Beginning of Reporting Period.....	44069.66	
(c) Total Receipts (from Line 19)	4955.72	178071.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	49025.38	229053.47
7. Total Disbursements (from Line 31).....	13970.91	193999.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	35054.47	35054.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

HAWAII REPUBLICAN PARTY

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
09	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y Y Y
09	/	30	/	2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2453.25

85856.65

(ii) Unitemized

501.85

32306.38

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2955.10

118163.03

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

20000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

2955.10

138163.03

12. Transfers From Affiliated/Other

Party Committees.....

2000.00

7250.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.62

48.18

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

32610.73

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

32610.73

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

4955.72

178071.94

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

4955.72

145461.21

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	2634.02	29085.00
(ii) Non-Federal Share.....	4682.67	50654.03
(b) Other Federal Operating Expenditures	-226.52	60730.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7090.17	140469.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	1743.00	2622.20
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	5137.74	49907.15
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	5137.74	49907.15
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13970.91	193999.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9288.24	143344.97

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2955.10	138163.03
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2955.10	137163.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2407.50	89815.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	2407.50	89815.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BURTON, BRADFORD, , MR.,

Mailing Address 2243 OKOA STREET

City
HONOLULU

State
HI

Zip Code
96821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HPMG

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2016

Transaction ID : SA11AI.5963

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUMPFER, IONE, , ,

Mailing Address 1554 KUPAU STREET

City
KAILUA

State
HI

Zip Code
96734

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2016

Transaction ID : SA11AI.5972

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HELLREICH, JANICE, M, MS.,

Mailing Address 225 KUUHOA PL

City
KAILUA

State
HI

Zip Code
96734

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
SPEECH THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1512.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2016

Transaction ID : SA11AI.5973

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

215.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HICKLING, ROBERT, , MR.,

Mailing Address 3814 ILUNA PLACE

City
PRINCEVILLE

State
HI

Zip Code
96722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY
09 / 04 / 2016

Transaction ID : SA11AI.5962

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HICKLING, ROBERT, , MR.,

Mailing Address 3814 ILUNA PLACE

City
PRINCEVILLE

State
HI

Zip Code
96722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

MM / DD / YYYY
09 / 13 / 2016

Transaction ID : SA11AI.5949

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JACOBS, LARRY, T, MR.,

Mailing Address 98-351 KOAUKA LOOP APT 306
APT 608

City
AIEA

State
HI

Zip Code
96701-4439

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2016

Transaction ID : SA11AI.5967

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MANUTAI, LARIE, , ,

Mailing Address 546 LAUIKI ST #4

City
HONOLULUState
HIZip Code
96826FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE OF HAWAIIOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2016

Transaction ID : SA11AI.5947

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCELREE, JOHNNY, M, ,

Mailing Address 69-1000 KOLEA KAI CIRCLE
UNIT 7ECity
WAIKOLOAState
HIZip Code
96738FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTURY 21 ALL ISLANDSOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2016

Transaction ID : SA11AI.5974

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MUKK, ANDRES, , MR.,

Mailing Address 95-1031 KAHAKIKI ST

City
MILILANIState
HIZip Code
96789FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BOOZ ALLEN HAMILTONOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2016

Transaction ID : SA11AI.5976

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

85.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POEPOE, ANDREW, K, ,

Mailing Address 456 WANAAO RD

City
KAILUAState
HIZip Code
96734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : SA11AI.5954

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANTIAGO, MONISHA, , ,

Mailing Address 98-382 KAONOHU ST #2

City
AIEAState
HIZip Code
96701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

988.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2016

Transaction ID : SA11AI.5982

Amount of Each Receipt this Period

988.25

☐ Memo Item

In-kind - ACCOUNTING SERVICES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMAS, CAROL, A, ,

Mailing Address 1189 AKAMAI ST

City
KAILUAState
HIZip Code
96734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : SA11AI.5950

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1498.25

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TORREANO, MARK, , MR., SR.

Mailing Address 343 HOBROON LANE
L101

City
HONOLULU

State
HI

Zip Code
96815

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2016

Transaction ID : SA11AI.5953

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WIRTHLIN, RICHARD, L., MR.,

Mailing Address 26408 MACMILLAN RANCH RD.

City

SANTA CLARITA

State

CA

Zip Code

91387

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RLW CONSULTING, LLC

Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

Transaction ID : SA11AI.5956

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

530.00

2453.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 24

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET SE

City
WASHINGTON

State
DC

Zip Code
20003

FEC ID number of contributing
federal political committee.

C C00003418

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7250.00

Date of Receipt

09 / **23** / **2016**

Transaction ID : SA12.5946

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AXIA BANKCARD MERCHANTMailing Address 1311 KAPIOLANI BLVD
SUITE 512City
HONOLULUState
HIZip Code
96814Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2016

FEC Identification Number

C**Transaction ID : SB21B.5932**

Amount of Each Disbursement this Period

35.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AXIA BANKCARD MERCHANTMailing Address 1311 KAPIOLANI BLVD
SUITE 512City
HONOLULUState
HIZip Code
96814Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2016

FEC Identification Number

C**Transaction ID : SB21B.5933**

Amount of Each Disbursement this Period

114.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AXIA BANKCARD MERCHANTMailing Address 1311 KAPIOLANI BLVD
SUITE 512City
HONOLULUState
HIZip Code
96814Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C**Transaction ID : SB21B.5934**

Amount of Each Disbursement this Period

6.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

157.61

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AXIA BANKCARD MERCHANTMailing Address 1311 KAPIOLANI BLVD
SUITE 512City
HONOLULUState
HIZip Code
96814Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C**Transaction ID : SB21B.5935**

Amount of Each Disbursement this Period

6.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF HAWAII

Mailing Address PO BOX 2900

City
HONOLULUState
HIZip Code
96846Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2016

FEC Identification Number

C**Transaction ID : SB21B.5939**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF HAWAII

Mailing Address PO BOX 2900

City
HONOLULUState
HIZip Code
96846Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

FEC Identification Number

C**Transaction ID : SB21B.5942**

Amount of Each Disbursement this Period

32.81

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

64.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HAWAII REPUBLICAN PARTYMailing Address 725 KAPIOLANI BLVD
STE 105City
HONOLULUState
HIZip Code
96813Purpose of Disbursement
PARTY OWNED LIST RENTAL/EMAIL BLAST

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2016

FEC Identification Number

C C00085506

Transaction ID : SB21B.5989

Amount of Each Disbursement this Period

-875.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HAWAII REPUBLICAN PARTYMailing Address 725 KAPIOLANI BLVD
STE 105City
HONOLULUState
HIZip Code
96813Purpose of Disbursement
PARTY OWNED LIST RENTAL/EMAIL BLAST

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

FEC Identification Number

C C00085506

Transaction ID : SB21B.5990

Amount of Each Disbursement this Period

-867.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INTEGRATED BUSINESS SOLUTIONS OF HAWAII

Mailing Address 99-1046 IWAENA STREET

City
AIEAState
HIZip Code
96701Purpose of Disbursement
PRINTING SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2016

FEC Identification Number

C

Transaction ID : SB21B.5929

Amount of Each Disbursement this Period

285.86

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1457.14

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. SANTIAGO, MONISHA, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

Mailing Address 98-382 KAONOHU ST #2

City
AIEAState
HIZip Code
96701Purpose of Disbursement
In-kind - ACCOUNTING SERVICES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.5984**

Amount of Each Disbursement this Period

988.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

988.25

TOTAL This Period (last page this line number only).....▶

-246.52

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DEPARTMENT OF TAXATION

Mailing Address PO BOX 3827

City
HONOLULUState
HIZip Code
96812Purpose of Disbursement
TAXES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB30B.5938**

Amount of Each Disbursement this Period

132.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEPARTMENT OF TAXATION

Mailing Address PO BOX 3827

City
HONOLULUState
HIZip Code
96812Purpose of Disbursement
TAXES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB30B.5940**

Amount of Each Disbursement this Period

132.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HAWAII MEDICAL SERVICE ASSOCIATION

Mailing Address PO BOX 29810

City
HONOLULUState
HIZip Code
96820Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C**Transaction ID : SB30B.5943**

Amount of Each Disbursement this Period

347.91

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

613.49

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. INTERNAL REVENUE SERVICE

Mailing Address PO BOX 7704

City
SAN FRANCISCOState
CAZip Code
94120Purpose of Disbursement
TAXES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2016

FEC Identification Number

C**Transaction ID : SB30B.5937**

Amount of Each Disbursement this Period

589.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTERNAL REVENUE SERVICE

Mailing Address PO BOX 7704

City
SAN FRANCISCOState
CAZip Code
94120Purpose of Disbursement
TAXES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

FEC Identification Number

C**Transaction ID : SB30B.5941**

Amount of Each Disbursement this Period

589.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TAGAVILLA, MARCIA, ANN, ,

Mailing Address 5119 LIKINI ST.

City
HONOLULUState
HIZip Code
96818Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2016

FEC Identification Number

C**Transaction ID : SB30B.5930**

Amount of Each Disbursement this Period

1672.46

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2851.80

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. TAGAVILLA, MARCIA, ANN, ,

Mailing Address 5119 LIKINI ST.

City
HONOLULUState
HIZip Code
96818Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

C**Transaction ID : SB30B.5921**

Amount of Each Disbursement this Period

1672.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1672.45

5137.74

SCHEDULE F (FEC Form 3X)**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

PAGE 19 OF 24

(To be used only by Political Committees in the General Election)

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) HAWAII REPUBLICAN PARTY					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee			
		Mailing Address			
		City	State	ZIP Code	
Full Name (Last, First, Middle Initial) of Each Payee HAWAII REPUBLICAN PARTY		<input type="checkbox"/> Memo Item		Purpose of Expenditure PARTY OWNED LIST RENTAL/EMAIL BLAST	
Mailing Address 725 KAPIOLANI BLVD STE 105				Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2016</div> </div>	
City HONOLULU	State HI	Zip Code 96813			
Name of Federal Candidate Supported CARROLL, JOHN STANLEY, , ,	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: HI District: 00	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">875.75</div>	
Aggregate General Election Expenditure for this Candidate ▶		<div style="border: 1px solid black; padding: 2px; text-align: right;">875.75</div>		Transaction ID : SF.5985	
Full Name (Last, First, Middle Initial) of Each Payee HAWAII REPUBLICAN PARTY		<input type="checkbox"/> Memo Item		Purpose of Expenditure PARTY OWNED LIST RENTAL/EMAIL BLAST	
Mailing Address 725 KAPIOLANI BLVD STE 105				Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2016</div> </div>	
City HONOLULU	State HI	Zip Code 96813			
Name of Federal Candidate Supported OSTROV, SHIRLENE D. (SHIRL), , ,	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: HI District: 01	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">867.25</div>	
Aggregate General Election Expenditure for this Candidate ▶		<div style="border: 1px solid black; padding: 2px; text-align: right;">867.25</div>		Transaction ID : SF.5987	
Full Name (Last, First, Middle Initial) of Each Payee		<input type="checkbox"/> Memo Item		Purpose of Expenditure 	
Mailing Address				Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>	
City	State	Zip Code			
Name of Federal Candidate Supported	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Aggregate General Election Expenditure for this Candidate ▶		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>			
SUBTOTAL of Expenditures This Page (optional).....▶				<div style="border: 1px solid black; padding: 2px; text-align: right;">1743.00</div>	
TOTAL This Period (last page this line number only).....▶				<div style="border: 1px solid black; padding: 2px; text-align: right;">1743.00</div>	

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 20 OF 24

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.5916**☐ Memo Item**CENTRAL PACIFIC BANK**

Mailing Address PO BOX 135010

City
HONOLULUState
HIZip Code
96801Purpose of Disbursement:
MORTGAGE

Activity or Event Identifier:

AdministrativeCategory/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

73342.16

Date

MM / DD / YYYY
09 / 01 / 2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

531.36

944.64

1476.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.5915☐ Memo Item**IMPERIAL PLAZA**Mailing Address 711 KAPIOLANI BLVD
STE700City
HONOLULUState
HIZip Code
96813Purpose of Disbursement:
OFFICE REPAIRS & MAINTENANCE

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

75856.74

Date

MM / DD / YYYY
09 / 07 / 2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

905.25

1609.33

2514.58

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.5917☐ Memo Item**IMPERIAL PLAZA**Mailing Address 711 KAPIOLANI BLVD
STE700City
HONOLULUState
HIZip Code
96813Purpose of Disbursement:
OFFICE REPAIRS & MAINTENANCE

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

76093.84

Date

MM / DD / YYYY
09 / 07 / 2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

85.36

151.74

237.10

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1521.97

2705.71

4227.68

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 21 OF 24

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.5918**☐ Memo Item**LCA BANK CORPORATION**

Mailing Address PO BOX 1650

City
TROYState
MIZip Code
48099Purpose of Disbursement:
EQUIPMENT RENTAL

Activity or Event Identifier:

AdministrativeCategory/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

76827.95

Date

MM / DD / YYYY
09 / 07 / 2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

264.28

469.83

734.11

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.5919☐ Memo Item**TAGAVILLA, MARCIA, ANN, ,**

Mailing Address 5119 LIKINI ST.

City
HONOLULUState
HIZip Code
96818Purpose of Disbursement:
REIMBURSEMENT: SEE MEMO ENTRY

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

76977.95

Date

MM / DD / YYYY
09 / 07 / 2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

54.00

96.00

150.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.5920☒ Memo Item**MAILCHIMP**Mailing Address 675 PONCE DE LEON AVE NE
STE 5000City
ATLANTAState
GAZip Code
30308Purpose of Disbursement:
TAGAVILLA REIMBURSEMENT: ONLINE SUBSCRIPTIONS

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

MM / DD / YYYY
09 / 07 / 2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

54.00

96.00

150.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

318.28

565.83

884.11

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 22 OF 24

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.5925			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
OCEANIC TIME WARNER CABLE				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO BOX 30050				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City HONOLULU	State HI	Zip Code 86920		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: BROADBAND SERVICES				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative		Category/ Type		77129.77	
FEDERAL SHARE			+	NONFEDERAL SHARE	
54.66				97.16	
			=	TOTAL AMOUNT	
				151.82	

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.5926			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
SPRINT				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO BOX 219100				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City KANSAS CITY	State MO	Zip Code 64121		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: MOBILE PHONE EXPENSE				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative		Category/ Type		77148.74	
FEDERAL SHARE			+	NONFEDERAL SHARE	
6.83				12.14	
			=	TOTAL AMOUNT	
				18.97	

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.5927			<input type="checkbox"/> Memo Item	Allocated Activity or Event:	
USPS				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1098 S BERETANIA ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City HONOLULU	State HI	Zip Code 96820		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: POSTAGE				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Administrative		Category/ Type		77363.74	
FEDERAL SHARE			+	NONFEDERAL SHARE	
77.40				137.60	
			=	TOTAL AMOUNT	
				215.00	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
138.89		246.90		385.79

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 23 OF 24

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.5931**☐ Memo Item**HAWAIIAN TELECOM**

Mailing Address PO BOX 30770

City
HONOLULUState
HIZip Code
96820Purpose of Disbursement:
BROADBAND SERVICES

Activity or Event Identifier:

AdministrativeCategory/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

77616.78

Date

M M / D D / Y Y Y Y Y Y
09 09 2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

91.09

161.95

253.04

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.5923☐ Memo Item**TAGAVILLA, MARCIA, ANN, ,**

Mailing Address 5119 LIKINI ST.

City
HONOLULUState
HIZip Code
96818Purpose of Disbursement:
REIMBURSEMENT: SEE MEMO ENTRY

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

77648.50

Date

M M / D D / Y Y Y Y Y Y
09 14 2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

11.42

20.30

31.72

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.5924☒ Memo Item**IOTUM GLOBAL HOLDINGS LLC**Mailing Address 431 N BRAND ST
STE 200City
GLENDALEState
CAZip Code
91203Purpose of Disbursement:
TAGAVILLA REIMBURSEMENT: ONLINE SUBSCRIPTIONS

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Date

M M / D D / Y Y Y Y Y Y
09 14 2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

11.42

20.30

31.72

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

102.51

182.25

284.76

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 24 OF 24

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY**A. Full Name (Last, First, Middle Initial) Transaction ID : H4.5928**☐ Memo Item**MS. TAX SOLUTIONS**

Mailing Address 98-382 KAONOHII STREET #2

City
AIEAState
HIZip Code
96701Purpose of Disbursement:
ACCOUNTING SERVICES

Activity or Event Identifier:

AdministrativeCategory/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

79176.25

Date

M M / D D / Y Y Y Y Y Y
09 14 2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

549.99

977.76

1527.75

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.5944☐ Memo Item**RED CURVE SOLUTIONS**Mailing Address 138 CONANT ST
2ND FLOORCity
BEVERLYState
MAZip Code
01915Purpose of Disbursement:
POSTAGE

Activity or Event Identifier:

Administrative

Category/
Type

Allocated Activity or Event:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

79182.85

Date

M M / D D / Y Y Y Y Y Y
09 30 2016

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2.38

4.22

6.60

C. Full Name (Last, First, Middle Initial)☐ Memo Item

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

M M / D D / Y Y Y Y Y Y

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

552.37

981.98

1534.35

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

2634.02

4682.67

7316.69